



Florida Department of
Environmental Protection
Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T.
Vinyard Jr.
Secretary

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION CONSOLIDATED
SMALL COUNTY SOLID WASTE MANAGEMENT GRANT APPLICATION

1. Name of County: Sumter County

2. Address of County: 319 East Anderson Avenue Bushnell, FL 33513

3. Federal Employer Identification Number: 59-6000865

4. Name and Title of Contact Person (person handling program on a daily basis):

Name: Becky Segrest Title: Staff Assistant II

5. Address of Contact Person: 319 East Anderson Avenue
Bushnell, FL 33513

6. Telephone Number of Contact Person: (352) 569-6700

7. Population of County: 97,700

8. Purpose for which grant money is requested. (Indicate by checkmarks): Rule 62-716.510 (1)

- | | |
|---|---|
| <input type="checkbox"/> a. Purchasing or repairing solid waste scales | <input type="checkbox"/> e. Maintenance of solid waste facilities |
| <input checked="" type="checkbox"/> b. Annual solid waste management program
operating costs (may include waste fire and
litter control and prevention) | <input type="checkbox"/> f. Education for employees or public |
| <input type="checkbox"/> c. Planning | <input type="checkbox"/> g. Recycling demonstration projects |
| <input type="checkbox"/> d. Construction of solid waste facilities | |

9. Purpose for which grant money is requested detail. Please complete the two attached forms: (1) DEP- Attachment "A" Grant Work Plan; and (2) DEP Budget-Cost Analysis .

10. Name and Title of Authorized Representative:

Name: Bradley Arnold Title: County Administrator

11. This application is due by July 1, of each year.

12. E-Mail Address of Contact person: Becky.Segrest@sumtercountyfl.gov

13. Is your County Self-Insured for Liability Insurance, appropriate and allowable under Florida Law? YES: ☐ NO: ☒

If your county is self-insured, we must have a written statement from your Chief Financial Officer stating this. (Please Attach).

I CERTIFY that I am familiar with the information contained in this application, and that to the best of my knowledge and belief such information is true, complete and accurate. I further certify that I possess the authority to apply for this grant on behalf of this county.

[Signature] July 22, 2011
Signature of Authorized Representative Date

Please return form to:
Department of Environmental Protection
Solid Waste Section * Mail Station # 4555 * 2600 Blair Stone Road
Tallahassee, Florida 32399-2400

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